

Vol. VI.

SEPTEMBER, 1872.

No. 33

THE
AMERICAN PRACTITIONER:
A MONTHLY JOURNAL OF
MEDICINE AND SURGERY.

EDITED BY

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LOUISVILLE, KY:
JOHN P. MORTON AND COMPANY,
PUBLISHERS.

THREE DOLLARS PER ANNUM.

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A MONTHLY JOURNAL OF
MEDICINE AND SURGERY.

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SEPTEMBER, 1872.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

Original Communications.

ON VERATRUM VIRIDE AS A HEMOSTATIC.

BY J. W. COLLINS, M. D.

The action of veratrum viride as an arterial sedative of very great power, and of especial value in the catarrhal phlegmasiae, as well as in many other diseases attended by excessive and forcible action of the heart, is perhaps sufficiently understood, by American physicians at least; but I have nowhere seen any mention of the power of the remedy as a hemostatic. Yet, after an extensive use of the drug in different forms of hemorrhage, I am thoroughly satisfied that it possesses this property in a very remarkable degree. I esteem it the promptest as well as the most reliable of all our means for controlling both active and passive hemorrhage.

The first case in which I had occasion to test the hemostatic powers of veratrum was one of hemoptysis, which had resisted all the usual remedies, but yielded almost at once to five drops of Norwood's tincture, given every hour for six hours. It is worthy of remark that the tolerance of the drug

was very striking in this patient, the large quantity given having produced neither nausea nor other unpleasant symptoms. The next case was one of aneurism of the left subclavian artery, the result of an injury to the vessel in its second part, or just behind the scalenus anticus muscle, from the small blade of a pocket-knife. The tumor was about the size of a hen's egg, and involved all the second portion, and probably the first also, of the vessel. It was accompanied by the characteristic thrill, pulsation, pain in the shoulder and arm, absence of radial pulse, coldness of the limb, etc. Not deeming an operation advisable, and digital or other compression being impossible, I determined to give the veratrum in the hope that it might so lower the action of the heart as to favor the formation of a coagulum in the aneurismal sac. I began with five drops, increasing the dose by one drop every third hour, until the full sedative effect of the medicine was produced. I continued it, in doses of from five to twelve drops, for ten days; at the end of which time the tumor had almost entirely disappeared, a small hard lump only remaining, with very slight pulsation—no pain in the arm, no thrill, and considerable pulse at the wrist. The patient, a stout young negro, thinking he was well, quit me; but returned at the end of two weeks, with most of the symptoms as well marked as at first. I put him on the same treatment, and continued it for fifteen days, the last six days merely to make sure of a cure; for the tumor, with all the attending symptoms, had disappeared, the radial pulse had become normal, and the natural temperature of the extremity restored. At the end of twelve months I saw him again, when he informed me that he had been uniformly well.

What results might be obtained in aneurism from the veratrum, used in conjunction with compression and flexion, time must determine, my own opportunities for observing its effects being limited to the foregoing case.

In epistaxis, seemingly independent of the cause which

gave rise to it, the veratrum has been in my hands uniformly successful. It has been equally so in menorrhagia, active or passive. In a case of secondary hemorrhage, occurring on the third day after amputation of the cervix uteri, I believe the remedy saved my patient's life. It has unfailingly arrested the hemorrhage which has occurred in two cases of uterine carcinoma now under my care, and in one of these without at any time producing the least nausea. Indeed, the control which it exercised over the floodings which had previously worn the patient almost away has allowed her to actually gain in both flesh and strength, and awaken in her mind the delusive hope that she will recover.

My friend, Prof. J. T. Gilmore, of Mobile, informs me that at my suggestion he used the veratrum with entire success, after other means had failed, in a secondary hemorrhage following amputation of the thigh; also in a case of epistaxis, which was so obstinate as to threaten life. Dr. Gilmore further says that the veratrum, given in doses of fifteen drops, is regarded by the profession in Mobile as being the most efficient remedy in certain cases of puerperal eclampsia. I myself have not had an opportunity of using it in such conditions, but do not for a moment doubt that it would prove a most reliable agent in a certain class of these cases. I have seen the best results follow its use in the periodical hemorrhages which occurred in two cases of placenta previa.

My single object in communicating the foregoing has been to call the attention of the profession to the veratrum as a very powerful and very reliable agent for the arrest of hemorrhage, both active and passive. It should be given in doses of from three to fifteen drops, repeated every one, two, or three hours, according to the urgency of the case, always carefully watching its effects.

JACKSON, TENN.

NOTES ON A CASE OF OVARIOTOMY.

BY COLEMAN ROGERS, M. D.*

Dr. Washington L. Atlee, of Philadelphia, performed in this city, on July 23d, in the presence of a number of medical men of the place, his two hundred and sixty-second operation for ovariectomy.

The patient, an unmarried woman, aged forty-six years, by profession a school-teacher, of moderately fair general health at the time of the operation, first noticed the existence of a tumor in the right side of her abdomen eighteen months ago. She had then reached her climacteric period. The tumor had attained an enormous size, and the patient, always thin, had emaciated considerably from the time of its first appearance.

A mixture of two parts of sulph. ether to one of chloroform was the anaesthetic employed during the operation. Of this only half an ounce was administered. The patient took the anaesthetic kindly, with no appreciable change in the pulse or respiration. She vomited but once while on the operating-table. The operation was completed in twenty minutes. The incision was made midway between the umbilicus and pubis, when the tumor was exposed and found to be unilocular, thus agreeing with the diagnosis made by Dr. Atlee before the operation was performed. But four or five adhesions between the anterior and lateral face of the tumor and the abdominal walls were found, which were easily separated by the hand of the operator. The cyst was evacuated of its coffee-colored albuminous contents by the trocar, and when evacuated was easily withdrawn through the wound in the abdomen. The pedicle was found to be long, and small in circumference, and

* After the operation the patient was placed under the care of Dr. John Goodman and myself, and the notes were taken in common by both. C. R.

was easily embraced by the clamp. Hardly two drachms of blood were lost. No blood and none of the cyst contents found their way into the abdomen. The pedicle was embraced by the clamp, and included in the line and at the lower end of the incision. The incision, three inches long, was closed by four points of metallic suture, including the peritoneum with the integument. The pedicle was smeared with bromochloralum as a disinfectant. A thick layer of cotton-wadding was laid over the abdomen, this being confined by a flannel roller extending from the epigastrum to the pubis. There were thirty-seven pints of fluid withdrawn from the cyst. A hypodermic injection of morphia and atropia was administered after the operation.

Tuesday, July 23, 1872.—12:30 P. M.: two hours after the operation the patient is reported as having rallied well, but has been nauseated three or four times, for which ice was administered with some relief. Complains of a sensation of tightness over the seat of the incision; no tenderness or tympanitis; has slept some; looks a little anxious. Pulse 92; respiration 20. Wanted something to eat, and was allowed small portions of rice-water. 2 P. M.: catheter passed; one pint and a half of healthy-colored urine obtained. Somewhat less nauseated; suffering less in region of wound. At 2:30 P. M. vomited a little, and slept afterward till 3 P. M., when she took two table-spoonfuls of rice-water, and then slept again till 4 P. M., when Dr. Atlee called. At 5:30 P. M. passed by catheter one pint of urine, and took some barley-water. At 6 P. M. tongue moist; skin soft and moist; complains some of soreness in wound; countenance expressive of some anxiety; no tenderness or tympanitis. Pulse 92; temperature in axilla $101\frac{1}{4}$; respiration 20. Hoop used to protect abdomen from pressure of bed-clothes. 8 P. M.: continues the same. 10 P. M.: passed by catheter half a pint of urine. Pulse 84; temperature 100° . Sick stomach; restless. Complains of some pain in abdomen and back, and of the restrained position. Gave

forty drops tincture of opium by rectum. 11:15 P. M.: vomited, and afterward took two table-spoonfuls of barley-water. Midnight: pulse 88; temperature 98°. Sleeping well.

Wednesday, July 24th.—3 A. M.: pulse 72. Resting well. Has taken barley-water. 5 A. M.: pulse 72; temperature 98°. Resting well. Passed by catheter half a pint of urine. 7 A. M.: pulse 80; respiration 20. Took chicken-broth. 9 A. M.: pulse 84; respiration 20; temperature 99½°. Tongue moist; no nausea; skin moist and cool; countenance good; patient cheerful; voice firm; no tenderness or tympanitis. 11 A. M.: passed one pint high-colored urine. Resting well; sleeping occasionally. 12 M.: pulse 90; respiration 20. Skin moist; resting well. Takes nourishment in form of chicken-broth. 2 P. M.: sleeping; pulse 90; skin moist. 5:30 P. M.: pulse 100; temperature 99°. Skin cool and moist; still sleeping. Passed by catheter one pint healthy urine. 6 P. M.: pulse 100; temperature 100°; respiration 20. Has had no nausea for several hours. Tongue clean and moist; no tenderness or tympanitis. Complains a little of itching near the seat of the incision. Countenance good. 11 P. M.: passed by catheter three fourths of a pint of urine; took nourishment; was moved to other side of the bed without pain. Pulse 96. All else as before.

Thursday, July 25th.—1 A. M.: somewhat restless. Passed by catheter one half pint of urine. 7 A. M.: pulse 104; skin cool. Passed by catheter one half pint of urine. Complains of griping in the bowels. Ordered an enema of starch and laudanum. 9 A. M.: pulse 92, full, regular, and soft; tongue moist; desires food; no abdominal pain, tenderness, or tympanitis; expression good. 10 A. M.: same as before. 12 M.: pulse 100. No change otherwise. 3 P. M.: pulse 96, and full. Complains of pain in the lower part of bowels. 4 P. M.: passed by catheter one pint of urine. Feels better. 6 P. M.: pulse 108, full, soft, and regular; respiration 20; temperature 100½°. Skin cool; tongue moist. Has had no nausea all day. Complains of pain just below the umbilicus,

and of inclination to evacuate bowels. Has taken beef essence freely to-day. Ordered opiate enema. 6:30 P. M.: passed by catheter half a pint of urine. Expression of suffering. Complains of abdominal pain. Pulse 100. Gave opiate enema. 7:30 P. M.: pain continues. Symptoms as before. 11 P. M.: pain subsiding; pulse 96; wakeful. Gave enema of opium. Passed by catheter half a pint of urine. Took nourishment. Midnight: pulse 96. Resting well.

Friday, July 26th.—4:30 A. M.: pulse 96. Vomited sour matters. 6 A. M.: pulse 96. Feels weak; some pain. 7:30 A. M.: passed by catheter one half pint of urine. Abdominal pain severe; restless. Gave opiate enema. 9 A. M.: pulse 108; respiration 20; temperature 101° . Tongue dry; uncomfortable; sighing; pain in abdomen; altogether not so well. Removed dressings. No marked tenderness or tympanitis; some odor from the wound; wound looking well, its edges in nice apposition; clamp not ready to come off. Reapplied compresses. On account of pain substituted flaxseed poultice for cotton-batting; bromo-chloralum sprinkled over top of poultice. Enjoined perfect quiet, and ordered opiate enema. 12 M.: passed one half pint of urine by catheter. Pain relieved since enema. Pulse and other symptoms as before. 3 P. M.: pulse 116; temperature $101\frac{1}{2}^{\circ}$. Complains of weakness; suffering some slight pain. 4 P. M.: passed urine by catheter. Opiate enema administered. 6 P. M.: pulse 108, small and soft; temperature $100\frac{1}{2}^{\circ}$; respiration 20. Tongue moist; no marked tenderness or tympanitis; desires food. Continue poultices. Patient wants milk, and ordered her to have it. 9 P. M.: pulse 108; respiration 20. Hiccough; vomiting occasionally. Has taken small portions of milk and lime-water. Evacuated bladder by catheter. Griping pains in the abdomen. Ordered opiate enema. 11 P. M.: vomiting; very weak. No change, except less griping. Midnight: pulse 104. Less pain.

Saturday, July 27th.—1 A. M.: some pain in bowels; symp-

toms as before. Renewed poultice. 3 A. M.: pulse 112; temperature $98\frac{1}{2}$. Nausea and vomiting; very weak; griping pains in abdomen. Ordered opiate enema. 5 A. M.: pulse 120, soft, small, and thready; temperature 98°. Passed urine by catheter. Has taken beef-tea and milk. Sharp pain and griping; hiccough; sighing. 8 A. M.: passed high-colored urine by catheter. Took beef-tea. Pulse 120; all else as before. 9 A. M.: pulse 120, small and feeble; temperature $99\frac{1}{2}$. Looks prostrated; hiccough. Clamp came off with pedicle. Wound looking well, and edges in apposition; some tenderness and tympanitis, though not marked. Renewed poultice; ordered milk punch and carbonate of ammonia. 10:30 A. M.: no change. Continue treatment. 11:30 A. M.: no change. Ordered beef-tea, and McMunn's elixir to be given in enema to quiet griping pain. No other change in treatment. 12:30 P. M.: pulse 116, and weak; distension of abdomen and some tympanitis. Passed per rectum a No. 11 bougie (gum), but failed to draw off any gas. Other treatment as before. 2 P. M.: no change. 3:30 P. M.: has slept soundly since half past two o'clock. Pulse 120, and feeble. 6 P. M.: pulse 124, small and feeble; temperature 99°. Passed water by catheter. Nausea and vomiting; griping and borborygmus; distension of abdomen. Continued treatment, and ordered large purgative enema.

From this time the symptoms of collapse began to appear, and marched on unabated and uncontrollable until death occurred. Vomiting, distension of abdomen, clammy coldness, complete failure of pulse, fall in temperature below normal, and *facies hippocratica* were painfully prominent up to the time of death, 9:30 A. M., July 27th, 1872. No post mortem.

LOUISVILLE.

PROCEEDINGS OF THE COLLEGE OF PHYSICIANS
AND SURGEONS OF LOUISVILLE.

PLACENTA PREVIA.

Dr. Turner Anderson reported the case of a woman who in two successive labors had placenta previa. In the first instance (fifth confinement) the attachment was partial, being confined to the posterior portion of the os; vertex presentation; prolapsus of the funis; os dilated two and a half inches; smart hemorrhage. Dr. A. ruptured the membranes, when the head soon became engaged and the hemorrhage ceased. The child born dead; mother made a good recovery. Three months after she again became pregnant. At seven months flooded copiously. Dr. A. succeeded in checking it by cold applications. The next day the hemorrhage returned, and placenta previa was again suspected; but the os was not sufficiently dilated for him to determine whether such was the case or not. Cold, position, and quietude again checked the flooding, and the patient went on until within three weeks of her full term, when, after suffering slight pains, the hemorrhage returned. On examination Dr. A. found placenta previa; vertex presentation; os dilated two inches. The hemorrhage becoming exhaustive, a tampon was introduced and retained until Dr. L. P. Yandell, whose assistance had been asked, arrived. The tampon checked the hemorrhage and stimulated the pains, and upon its removal the os was found well dilated. The membranes were now ruptured, ergot administered, and orificial irritation of the cervix resorted to. The head soon engaged and arrested all further hemorrhage. Child born alive, and mother made a satisfactory convalescence.

INVERSION OF THE UTERUS.

Dr. Anderson also related a case of this accident occurring in the practice of his partner, Dr. Ronald. The woman was

seven months advanced in pregnancy; had an attack of diarrhea attended with great tenesmus. While up at stool, and straining violently, she felt the child pass and fall into the vessel. There was much hemorrhage, and she fainted. Dr. Ronald found her on the chair, and the child in the vessel. The hemorrhage had ceased, but the patient was pulseless. The uterus was entirely inverted, the fundus projecting from the vagina; the placenta was adherent to the fundus, and the cord very short. The Doctor detached the placenta, and was able to restore the inverted organ without much difficulty. The patient revived under stimulants, and, except an undue amount of tenderness over the hypogastrium, her condition seemed to be favorable. On the second day the abdomen was greatly distended, and the uterus, much enlarged, was exquisitely tender when pressed upon. Thinking the enlargement might be due to coagula, he made examination, but found none. The patient gradually sank and died. No post mortem.

PREGNANCY IN A WOMAN FIFTY-ONE YEARS OLD.

Dr. Anderson then mentioned the case of a woman, aged fifty-one, who was delivered at full term one morning, by a midwife, of a still-born child. The placenta remained. The next day at noon he saw the patient, when he found the uterus well contracted, os dilated, and a small portion of the placenta and the cord protruding. There had been no hemorrhage. On introducing his hand he discovered the upper part of the placenta firmly adherent, while that nearest the os was detached and rolled on itself. With a little manipulation he removed the entire mass. The patient made a good recovery. She had given birth to a living child seven years before. Since that time she had menstruated irregularly. She was exceedingly thin, and her hair was white. Some months before her last confinement she had consulted Dr. A. about an enlargement of her abdomen, which she thought was drop-

sical. On examination he heard the sounds of the fetal heart. The patient had never for a moment suspected pregnancy. Dr. A. wished to inquire of the Fellows whether they had met with pregnancy in persons of his patient's age or older.

Dr. Speed stated that he was called once to see a lady fifty-three years of age, whose youngest child was nine years old. She had been visited twice that day by a physician of this city, now dead, who had given paregoric for what he said was belly-ache. Dr. S. found the patient in labor, which ended safely to both mother and child. The woman declared she had no thought of being pregnant.

EXALTED TEMPERATURE.

Dr. Reynolds stated that he had a friend who always enjoyed excellent health, and yet whose temperature in the axilla, carefully taken by different thermometers, was habitually 99° and 100° , and after dinner usually reached the latter point. Dr. R.'s own temperature was generally 99° , and after dinner, without wine, it rose to 100° . It was 99° in the palm of his hand at that moment.

ENCEPHALOID OF THE EYE.

Dr. Reynolds exhibited the globe of the right eye removed from a woman aged seventy-five years for encephaloid degeneration. The tumor appeared to have originated in the choroid coat, and emerged by a central perforation of the cornea, attaining in the space of four months the size of a goose-egg. The left eye had not suffered. The growth, with the entire contents of the orbital cavity, was removed by dividing the external commissure of the lids and the conjunctiva, cutting the muscles from their scleral attachments, and dividing the optic nerve as far back as possible. Dr. R. stated that the sclerotic coat alone of all the tissues of the eye was unaffected by the morbid growth. Ten days after the operation the parts had pretty well healed, and five months after the health

of the patient continued good, and there was no sign of a recurrence of the disease.

AN INJECTION FOR GONORRHEA.

Dr. Reynolds also mentioned that he had used the following injection with almost uniform success in a number of cases of gonorrhea that he had recently treated.

R. Balsam copaiba, 5 x;
Cryst. carb. soda, 5 xx;
Water, 5 xxx.

To one part of this emulsion add three parts of water, and inject through a catheter carried into the urethra four or five inches as often as twice or thrice a day. In chronic cases he used equal parts of water and the emulsion.

BLISTERS IN ORCHITIS, CHRONIC GONORRHEA, ETC.

Dr. W. H. Galt recently saw a case of swelled testicle which, after resisting the usual remedies, had yielded very quickly to a blister applied on the inside of each thigh, as recommended by Dr. Furneaux Jordan. He had found blisters applied in the same locality exceedingly efficient in chronic gonorrhea. A case of threatened abscess of the labia had been averted by blisters used as stated.

GONORRHEA CURED BY AN OVERDOSE OF VERATRUM.

Dr. D. W. Yandell stated that he had prescribed a mixture of copaiba, sweet spirits niter, paregoric, and tinct. veratrum viride, according to the formula recommended by Dr. Given,* for a patient with acute gonorrhea. In taking the first dose, at one o'clock, the gentleman spilled a portion, whereupon he doubled the quantity. He began his dinner two hours after with a bowl of soup. In less than ten minutes he was taken with nausea and vomiting, extreme prostration, his

* See American Practitioner for February, 1871.

surface bathed in perspiration, etc. Dr. Y. saw him in half an hour, when in addition to the above train of symptoms his pulse was found to be but thirty-four. Under brandy and draughts of water, as hot as the patient could swallow it, the pulse slowly rose to fifty, at which point it remained for several hours. An opiate secured a good night's rest. In the morning the pulse was seventy-two, natural, the gonorrhœa greatly improved. The discharge now rapidly ceased, and in a few days had disappeared altogether. The dose taken of the veratrum was estimated at between eight and ten drops. This quantity remained quietly in the stomach for two hours, when on the patient drinking a bowl of soup the effects of the drug became immediately manifest, and for a time were somewhat alarming. Without any other medicine the gonorrhœa disappeared.

CALCULUS IN THE URETHRA.

Dr. D. W. Yandell exhibited a calculus of the phosphatic variety, cylindrical in shape, weighing twelve grains, five eighths of an inch in length and two eighths in diameter, which he had extracted from the urethra of a boy four years old. The patient had experienced more or less difficulty in urinating from his infancy. Dr. Y. first saw him last autumn; and with a view of exploring the bladder when the patient should be brought to his office the next day, he ordered him to take two five-grain doses of bromide of potassium. The effect of the potash was so soothing that the parents fancied that it alone would relieve the child, and so continued the medicine without taking the patient again to the doctor. During the very cold weather the vesical trouble became greatly aggravated, and Dr. Y. was sent for late one evening to see the patient. On introducing a sound a calculus was found occupying the membranous portion of the urethra, but not at the moment interfering materially with making water. An hour was appointed for removing the stone the next day.

Before, however, that time had arrived Dr. Y. was called in haste to see the child in a convulsion. The patient had just returned to consciousness when Dr. Y. reached him. He had passed no water since the evening before. The bladder was much distended; the glans penis was tumefied and purplish; the cellular tissue of the under surface of the penis was edematous. The stone was found to have advanced to within half an inch of the meatus, where it lay crosswise in the urethra, completely blocking up that canal. Dr. Y. enlarged the meatus by cutting with a pair of probe-pointed scissors, and after a little trouble in turning the calculus extracted it with a small pair of forceps. A sound quickly carried into the bladder revealed no other calculus. The patient urinated in a full stream, greatly to his delight. The wound of the meatus soon healed; and the child's health, which before had been poor, soon became good. Dr. Y. has on two previous occasions seen convulsions in boys, the result of the pain and irritation of a calculus lodged in the urethra.

CALCULUS IN THE BLADDER.

Dr. D. W. Yandell also showed a mulberry calculus of roundish, flattened shape, two and a half inches in circumference, and weighing one drachm, which he had removed a few weeks ago by the lateral method from a boy five years old. The patient, an ungovernable little fellow, refused to stay in bed after the operation, but did very well going about the house, making a good recovery in a fortnight, the urine passing the ordinary way at the end of five days.

SECONDARY SYPHILIS.

Dr. D. W. Yandell reported a case of syphilis sent to him from a neighboring town, where the disease had been contracted by repeated and prolonged kissing a young woman who had syphilitic roseola, with mucous patches on the inside of the cheeks and lips. There were mucous patches in the

mouth, intense redness of the throat, and a well-marked rash upon the trunk of the patient; but no trace whatever of chancre or inguinal induration had ever been present, according to the testimony of the gentleman, who was perfectly reliable.

CHANCRE ON THE LIP.

Dr. L. P. Yandell, jr., stated that he had recently seen an excessively anaemic child with its upper lip so much inflamed and swollen that it projected quite beyond the nose. He at first supposed it was a case of herpes labialis, but on examination found a large indurated chancre situated on the mucous membrane of the lip. The trunk of the child was well covered with syphilitic psoriasis. He treated the case successfully with the bichloride of mercury internally in very small doses, and the application to the chancre of red precipitate ointment. Some time before Dr. Y. had attended the father of the child for a chancre as large as a quarter of a dollar, occupying the root of the penis, from which the mother was inoculated.

ASTHMA CURED BY A POISONOUS DOSE OF SULPHATE OF ATROPIA.

Dr. L. P. Yandell, jr., had reported to the Fellows some months ago the case of a young man who was being treated for chronic asthma by the bromide of potassium and sulphate of atropia, and who in a fit of anger took one grain of the latter salt in half a pint of water at a draught. The symptoms soon became alarming, but finally yielded to the ordinary means, though it was some days before the patient recovered the use of his limbs or the pupils returned to their proper size. From that time until the present the young man has been entirely free from his asthma, and seems to be cured.

EXTENSIVE BURN—RECOVERY.

Dr. L. P. Yandell, jr., reported the case of a young man who had fallen up to his waist in a cauldron of boiling water. On

being taken out and his clothes removed, his skin was found to be completely stripped from him from his umbilicus to the tips of his toes. Patient's temperature a few moments after the accident fell to $97\frac{1}{2}^{\circ}$; from $97\frac{1}{2}^{\circ}$ to 97° . It gradually rose, and for three weeks remained at 103° to $103\frac{1}{2}^{\circ}$. It then fell to 100° , 99° , 98° . His pulse, now rising above 120, continued of that frequency for several weeks; then, as the patient improved, fell gradually to 80. Constitutionally, the patient had morphia, quinine, and nourishment; locally, white-lead paint at first, then carbolized oil, finally benzoated oxide of zinc ointment. The weight of the cloths, and their removal when this became necessary, being a source of much suffering, Dr. Y. placed the patient on a water-bed, and protected the raw surfaces against all injury by wire hoops fastened to the sides of the bed. The burn of the dependent surfaces healed first; and the patient, contrary to the established rule in such cases, made a perfect recovery.

THREE CASES OF EPILEPSY.

Dr. L. P. Yandell, jr., reported the following cases, the first of which possesses unusual interest as having resisted the action of the bromide of potassium alone, but was rapidly benefited and finally relieved by the addition of the sulphate of atropia to the prescription.

CASE I. A girl, aged thirteen years, small, delicate, precocious, has had since early childhood excruciating headaches, attended by vomiting, double vision, and sometimes loss of consciousness and delirium, and always sending her to bed for a day or more. The seizures were sometimes excited by undue heat or cold, excesses in eating or exercise, malarial trouble or menstrual derangement. She had been treated by bromide of potassium in full doses for many months without relief. When patient came under Dr. Y.'s care he gave her from twenty to sixty grains of the bromide three times daily, and one hundredth of a grain of the sulphate of atropia night

and morning. The attacks soon became less frequent and less severe, and in seven months she seemed rid of them altogether. She was directed, however, to continue the medicine for twelve months more. The patient has of late had several attacks of genuine hemicrania, which were entirely rebellious to the bromide and atropia, but which promptly disappeared under quinine.

CASE II. A young farmer, whose father, a confirmed epileptic, died hemiplegic and insane, had many convulsions during infancy and early childhood. Just after reaching puberty he had, while working in the hot sun, his first epileptic seizure. Has had attacks for four years pretty regularly every month, sometimes oftener. A course of bromide of potassium and sulphate of atropia, with strict attention to all his habits of life, have now averted a paroxysm for upward of a year. He takes the medicines still, though in diminished doses.

CASE III. A Swede, aged twenty-seven, an epileptic since early youth, having attacks almost every month, was usually warned of the approach of the seizures by a distinct aura beginning in one hand. He was not unfrequently able to avert the attack by clinching the fist of this side with all his force, or laying violent hold on some hard substance, as a table or chair. The same treatment pursued in the previous cases materially improved the patient, and gave decided promise of curing him, when he left the hospital, and has not since been heard from. Dr. Y. has come to regard epilepsy as curable in the large majority of cases by the bromide of potassium and sulphate of atropia. His experience with these remedies is altogether confirmatory of that of his brother, Dr. D. W. Yandell, as contained in a paper read by that gentleman before the State Medical Society in April last.

BROMO-CHLORALUM.

Dr. Cowling reported that he had used this new agent as a disinfectant in the following cases, among others, with the

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most satisfactory results: an enormous cancer of the face and upper jaw; abscess of the thigh after amputation; a large and very foul abscess between the shoulders.

FRACTURE OF THE FEMUR BELOW THE GREAT TROCHANTER.

Dr. D. W. Yandell reported a case of this injury, resulting from a fall on the hip, which was diagnosed by the physician who first saw it to be a mere sprain of the parts. The patient, after suffering greatly for three weeks, unable to move his leg or turn over in bed, sent for Dr. Y. The fracture, which was just below the great trochanter, was easily detected. The limb was encased, with the assistance of Dr. Cowling, in the paper dressing so effectively used by that gentleman.* In a few days the patient was put upon crutches. In six weeks the dressing was removed, when union was found to be perfect, the limb straight, and shortened less than half an inch.

DISORDERS OF MENSTRUATION FROM PSYCHICAL CAUSES.

BY THEOPHILUS PARVIN, M. D.

The accession of puberty in the female is characterized by psychical as well as by physical phenomena. The rounding of the form, the expansion of the hips, the development of the chest, the change in the voice, etc., marking the great revolution in the economy endowing the girl with the material attributes of the woman, have their counterparts in the contemporaneous alterations in the tastes and the habits, emotions and desires, thoughts and purposes. Old things, childish things, are put away, and behold all things are new;

* See *American Practitioner* for January, 1871.

especially the modest reserve, the maidenly dignity, and noble aspirations of her who is

"Standing, with reluctant feet,
Where the brook and river meet."

Conjoin with this truth another—namely, that each periodical recurrence of that which peculiarly characterizes the sexual life of woman, menstruation, is marked in the vast majority of cases by some modification of the mental state, modification varying in different individuals—despondency and an imperative need for solitude in one, unwonted activity and brilliancy of thought in another, the abolition or perversion of will in a third, absolute mania in a fourth, in a fifth intellectual dullness and torpor, in a sixth the exaltation of sensibility, etc.—and we readily anticipate that which observation completely verifies; mental causes may have an important influence upon the menstrual function.

It is sometimes said that the medicine of the future will be preventive more than curative; will seal up fountains rather than dam rivers; successfully strike at causes rather than struggle unequally with effects; and herein will be its greatest glory. An advance, possibly quite as assured and beneficent, will be made when medical men more generally recognize the power of the mind over some of the most important functions of the body—a power which may be good or evil.

However, without dwelling on this point, it is the purpose of this paper to call attention to some of the disorders of menstruation resulting from psychical causes; and in thus giving the genesis of such deranged manifestations to suggest, if not always the cure in individual cases, at least their prevention in others. These disorders it is proposed to consider under the heads of *premature occurrence, absence, partial or complete, difficulty and excess of the flow.*

While in obedience to common usage the flow is spoken of as synonymous with menstruation, it should be ever borne in mind that the former, in its strict signification, is merely

the external and unfaithful sign of more important changes transpiring within the sexual organs; that the mere hemorrhage is really but a small part of menstruation. It is only the last link in the chain; only the concluding term of the series.

In considering the first of the divisions just made it will be necessary to speak very plainly of the system of education of girls prevalent and popular in our country. If the opinions expressed in regard to this education should be doubted or disapproved by readers, the writer can only say that those opinions have not been formed hastily, but as the result of some reading, observation, and reflection. The co-education of the sexes, in our cities at least, is a potent cause of premature menstruation. At any rate, puberty occurs earlier in girls living in the city than in those living in the country; and it may seem difficult at the first glance to eliminate all the causes which are efficient in working out such a result. Nevertheless, is it not probable that the constant association of the sexes, the pursuit of the same studies, the community of thought and occupation, the opportunities for little flirtations, the stimulus given to the emotions and passions, if not rejoicing in the present at least reveling in the possibilities and dreams of the future, must have an influence in hastening sexual development? In the female of many of the inferior animals it is well known the constant presence of the male causes the earlier occurrence of "heat," which to the scientific mind is simply the expression of ovulation, and the indication of the aptitude for conception. Is it irrational to conclude that the human female is in some degree subject—unwittingly, unconsciously subject—not derogating in the slightest from her maiden purity of thought, believing her, in her every thought and emotion,

"Chaste as the icicle
That's curded by the frost from purest snow
That hangs on Dian's temple"—

to the same law that holds in nature elsewhere?

Observation has led the writer to believe that of which the antecedent probability is so strong; to wit, that in our cities girls educated with boys mature earlier than those educated by themselves—mature has been written, but it expresses an unnatural, a forced ripening, like tropic fruits and flowers which hot-houses produce amid the snows of January. While the facts occurring in a few years' experience are not sufficient to demonstrate a truth beyond a doubt, yet they entitle it to a faithful investigation. I can now refer to twelve instances where menstruation occurred in the tenth or eleventh year in girls attending public schools in the city. In the case of none had the mother menstruated earlier than the fourteenth year; so that hereditary influence was not apparently a factor. Still another fact. Two girls of different families, and pupils of a public school, were first "unwell" at about eleven. Each had a younger sister, and at my suggestion these were educated at private schools, where only girls were admitted; and the two became "unwell," one at fourteen, the other at fifteen. Tracing still further the history of the first two, one is an invalid from menorrhagia, the other suffers cruelly from dysmenorrhœa.

Should it be asked why in the country association of the sexes in school does not have the same effect as such association in the cities, the answer is obvious. The country girl is exempt from many of the excitements to which her city sister is subject; besides, she breathes a purer air, has a simpler diet, observes more regularity in hours of sleep, and the tendencies of her life are to the development of the muscular rather than the nervous system. Among the excitements of city life are concerts, balls, dances, parties, theaters, novel-reading, etc. Fashionable dressing—which, so far as the female is concerned, is frequently an effort to exaggerate sexual peculiarities of form, as witness the padding over the mammary glands, and the various devices to enlarge the apparent size of the pelvis—so too the struggle of that vulgar

ambition to be in the first class of society, to be finer, more admired and envied than others, to live in better style, may be counted among the civic excitements of nervous sensibility especially affecting the female sex. Now, when you conjoin with these the constant association of the sexes in public schools, we have at once the explanation of the efficiency of the cause under one set of circumstances, and its comparative powerlessness these circumstances being absent.

It is hardly necessary to indicate to physicians the injurious consequences which may and often do follow from premature womanhood. Among these are menstrual derangements, ovarian and uterine disease, chlorosis, inability to meet without the greatest suffering or even imminent peril the duties of maternity, an exceedingly evanescent beauty, and an early decay of the general system after an imperfect, painful, and incomplete life. The testimony of authors—nay, of individual observation—is unequivocal. Moreau,* after referring to various causes which hasten the first apparition of the menses, remarks that all these are evidently injurious. They consume, they shorten life; and if they cause the more rapid blossoming of beauty and love, the flower soon fades, and the brief triumph is dearly bought. Dr. Tilt says it may even be affirmed that races in which menstruation habitually occurs at an early period of life are effete, emasculate, and doomed to be conquered. As of individuals, so of nations it may be said "*Citius pubescunt, citius senescant.*"

If the position taken in this paper be correct as to the injurious influence of the co-education of the sexes, ought we not as physicians to urge the importance of separate schools for boys and girls at least in the higher grades of study? Think too how trying it must be to a bashful, timid maiden—to any true maiden—just when ovarian excitement reaches its acme, and the periodical flow is most abundant, and the disturbance of her nervous system the greatest, to stand up

* *Natural History of Woman.*

before her female companions, some of whom may recognize her condition, before her male classmates, some of whom may suspect it, and at the blackboard demonstrate a proposition from Euclid, or with trembling hands, blushing cheek, and half-dizzy brain work out the values of x and y in a weary algebraic equation!

The Mosaic laws as to the conduct of woman at her "periods" are too well known to require quotation. Purely arbitrary in part as we may think them, in other part finding in the peculiarities of climate the occasion for their enactment and the necessity for their observance, there still remains in the sacred privacy with which womanhood was invested at stated times much worthy of recognition on account of both health and morals. Once only, so far as I know, have Christian law-givers taken any action as to woman during menstruation: a Council of Nice* forbade her to enter the church at such a time.

Were an essay intended upon female education, I should urge the separate education of girls on other grounds also, especially these. Woman's work in life is different from man's. Why then should she be subjected to the same intellectual discipline and culture as man? Rather let her be educated with direct reference to her true sphere in life, to her appropriate duties. Besides, it is doubtful whether girls can be for years in intimate association with boys without some of the former losing more or less the natural modesty which renders them so charming, and is a panoply of their virtue.

Returning from this digression, and yet speaking still further of the education of girls, I observe that the life of a boarding-school is not exempt from menstrual disorders arising from psychical causes. Among these disorders prob-

* There were two General Councils at Nice, one in 325, the other in 787; and I am assured by a most scholarly Roman Catholic friend that neither of these issued such an edict; that it was done by a mere provincial council.

ably amenorrhœa is the most frequent;* and its occurrence is to be attributed, I believe, not to a deterioration of health arising from a poorer diet possibly and less active out-door exercise than the girl enjoyed at home, but to the intensity and constancy of mental exercise. An analogous fact is observed in the case of nuns, renouncing all sensual pleasures, and occupying their minds with religious thoughts and duties, every hour having its allotted work; these at first have dysmenorrhœa, and then partial amenorrhœa.

It can not be doubted that our system of education for girls needs reformation in many respects. It would be foreign to the scope of the present article even to allude to most of these. One or two passages from a work † published in Great Britain in 1840, by the celebrated Dr. Laycock, will be found in a foot-note;‡ and we suggest to our readers that these words, uttered more than thirty years ago in another country, are equally applicable and pertinent to our own and to the present day. A protest ought to be made, however, against the rapidity with which the education of girls is accomplished, and the consequent "cramming" process necessary to accomplish that education in the brief period which fashion and custom allot it. The Strasbourg goose is not worse treated than the majority of school-girls.

* So common is this affection in boarding-schools that in some of these the sufferers fully believe that it results from a conspiracy between the washerwomen and the cooks—the latter putting alum in the bread to save the former from having soiled napkins to wash!

† *The Nervous Diseases of Women.*

‡ "The relations of hysteria to the present modes of education are of great importance. The anxiety to render a young lady accomplished at all hazards has originated a system of forced mental training which greatly increases the irritability of the brain. Sedentary employments, as drawing, embroidery, etc., are followed frequently as amusements to the exclusion of active exercise out of doors. The slow but powerful influences of music, dancing, vivid colors, and odors on the nervous system, but especially on the reproductive system, is quite overlooked. Three or four hours of severe application are occupied in the acquisition of a brilliant mechanical performance of some difficult and elaborate pieces of music on the piano-forte, which are forgotten as soon as possible after marriage, when it would be least hurtful, or rather most useful."

While referring to boarding-schools* for girls it may be well to bear in mind that there are perils arising from the association of several of the same sex together which should be recognized by parents as well as by physicians. One evil book, one person, by pernicious practices, suggestions, and imaginations, may work the injury of many. I can not believe the extravagant language of a recent anonymous author, that these "schools are hot-beds of iniquity."† Even the comparatively temperate language of Dr. Laycock might be objected to by some when he says: "Young females of the same age, and influenced by the same novel feeling toward the opposite sex, can not associate together in public schools without serious risk of exciting the passions, and of being led to indulge in practices injurious to both body and mind."

Where the passions, as suggested by Dr. Laycock, are thus excited, the menstrual derangement most probably will be not scantiness or complete absence, but difficulty or excess of the menstrual flow.

The influence of music in hastening sexual development, or, where this has already occurred, exciting sexual desire—the word sexual is used in its purely etymologic sense—has been mooted. The late Dr. James Johnson pertinently asked: "Is it probable that so potent an excitant as music can be

* Raciborski, in his admirable *Treatise on Menstruation*, Paris, 1868, in speaking of the *hygiene of puberty*, suggests that were a hospital physician to direct the same treatment for all the inmates of his wards, good sense would at once have fears for the fate of the unfortunate patients; but when a certain number of girls having the most different dispositions, characters the most opposite, and organic conditions the most dissimilar, arrive at a boarding-school, they sit at the same table, have the same exercise, sleep the same number of hours, and have the same studies, nothing wrong is seen in it!

† This expression is from a volume issued about a year since, entitled *Satan in Society*, a book which has found some readers in the profession and many in the laity. So far as style is concerned, this book should not be taken as a model. It is hastily and carelessly written. As to the matter, the author has made no discrimination between what the old rhetoricians termed the *dicenda* and the *tacenda*. It seems mischievously sensational, and yet it contains some plain and important truths, which doctors would do well to recognize.

daily applied for many hours to the sensitive system of female youth without producing extraordinary effects? Is it not likely to inflame the imagination and disorder the nerves?"

Raciborski, in his *Treatise on Menstruation* (Paris, 1868), states that science possesses incontestable facts demonstrating the powerful influence of music upon the sensitiveness of the sexual organs. He mentions in detail the successful experiments made about the close of the last century, at the *Jardin des Plantes*, upon elephants in exciting sexual passion by music. Is it not also somewhat remarkable that among the varieties of singing-birds the songsters are male, and that their music is most frequent and beautiful in the pairing season? So too among men, the æsthetic feeling may be more strongly developed under the influence of a first love than at any other time in life, and may manifest itself, if it be possible for the individual, in music. Music is indeed the voice of the profoundest feelings of the heart, and of none oftener, of none in wilder, more passionate utterances than of love; and much of the music which girls are taught is love-music.

The author from whom we derive the fact as to the influence of music upon the genesic instinct of elephants asserts that there is nothing astonishing in this, that the daily exercise of music should somewhat hasten the evolution of ovules in young girls. He further says: "I have known several instances of young girls who, probably under the influence of the physiological activity of the ovaries which precedes puberty, were deeply in love with their professors of music; and on the other hand, those of the latter who thus succeeded in making, pecuniarily, most fortunate marriages." Possibly some of our readers have observed facts similar to those referred to by Raciborski.

Probably psychical causes oftener produce amenorrhœa than any other form of menstrual derangement. Some years ago Briere de Boismont stated that amenorrhœa is frequently met with in insane women; and this may persist during the

entire period of their insanity, while a return of menstruation very often coincides with convalescence. In some, however, the amenorrhœa persists some months after the cure, and where the insanity becomes chronic it is not rare to see the menstrual flow re-established. The pertinence of these facts is sufficiently obvious when we remember how large a proportion of insane females have their mental alienation attributed to moral causes.

Acute suppression of the menses frequently follows some severe mental shock, especially of fear or of grief, while continued sorrow or disappointed love may lead to gradual diminution and possibly complete cessation of the periodical flow. Where the cause is the last mentioned *chlorosis* may manifest itself. The picture of this disorder as drawn by Shakespeare must recur to the reader.

Does it seem strange, inexplicable, that the association of phenomena constituting menstruation should be dissolved or undergo other change under the influence of a mental state? Well-known analogies are not wanting to render such a result probable; *e. g.*, the influence of sorrow upon the desire for food, of bad news upon digestion, of fear upon certain sphincters, etc. So too, if a thought can determine the phenomenon of erection in the male, if a thought too of another sort can dissipate that phenomenon, why may not similar effects follow similar causes in the erectile apparatus of the internal sexual organs of the female? Erection is a part of the antecedent phenomena of menstruation, the exterior flow being the final one; and a mental cause it is probable may stimulate that erection; a mental cause it is certain may strike at least with temporary paralysis the erectile apparatus. Still more, there is no antecedent improbability in ovulation being directly arrested by a psychical cause, since we find other organic processes thus affected; but even were this hypothesis denied us, we would still have the explanation that an indirect arrestation necessarily results from an abolition of erection.

felt an acute pain in her own ankle, which on examination exhibited marks of increased vascular activity, amounting almost apparently to the production of something like purpura; or, in another case, of a woman past the climacteric who, having to assist her daughter during prolonged parturition, experienced uterine pains, swelling of the mammae, and other similar symptoms. Something analogous to this is the case of a lady treated by Mr. Braid, who drew her attention to her left breast when hypnotized, and thereby caused a copious flow of milk. Or it is like a still more curious case, given by the same author, in which he repeatedly excited the catamenial flow at will in a very few minutes. In short, so well established is this law of relation between capillary activity in portions of the nervous system centrally connected with viscera, and vital states of those viscera, that there can be no reasonable doubt whatever that it may be made the foundation of a scientific method of treating local diseases of all kinds."

INDIANAPOLIS.

Reviews.

Clinical Lectures on the Diseases of Women. By Sir

JAMES Y. SIMPSON, Bart., M. D., D. C. L. Edited by ALEX. R. SIMPSON, M. D. New York: D. Appleton & Co.

This is by far the most valuable of the three volumes of Sir James's works. A large part of it is already familiar to the profession, having appeared in the London Medical Times and Gazette during the years 1859-61, and published in book-form by Blanchard & Lea in 1863. The first lecture, *on the diagnosis of the diseases of women*, is also familiar to the profession, being found in Prof. Simpson's *Obstetric Memoirs and Contributions*, edited by Dr. Priestley and Storer, published in 1855.

The lecture on *diagnosis* is too short, too incomplete to be a perfect guide, yet is of great value to every student of diseases of women.

Vesico-vaginal fistula is the subject of the second and third lectures. Dr. Simpson, who it has sometimes seemed to us disdained to walk precisely in the path that others had marked out, and in the affluence of his genius was constantly finding new ways, notwithstanding his eulogies in 1859 of a tubular needle, wire splint, and iron-thread sutures, did not add an iota to the facility or to the success of the method of treating this lesion. The writings and practice of Drs. Sims and Emmet are worth a dozen times over all that Dr. Simpson ever wrote and did to any one desiring to be guided as to operations for genito-urinary fistulae in the female.

The fourth lecture is on *pelvic cellulitis*, and, excepting two

As to the influence of mental shock in causing amenorrhœa, it is hardly necessary to adduce cases in illustration; every physician's experience presents him such. There is a passage, however, in Dr. Churchill's well-known work* presenting a striking illustration of this truth. "Almost all women who are sent up to the Richmond penitentiary (near this city), after being at the recorder's court, labor under suppression of the menses in consequence of the mental agitation and distress they have undergone." Still another citation I wish to make—namely, a case from Raciborski—as illustrating the fact that a mental shock may arrest not only the flow, but ovulation as well. It is briefly this: a girl while menstruating is falsely told that her lover has been killed in a duel, and immediately the flow stops. Ten days after she meets this lover, and for the first and only time she permits sexual intercourse, which results in conception, and nine months after to the very day she is delivered. Evidently the ovule had not escaped; the menstrual orgasm was arrested; but with the joy of beholding him she believed dead alive, and under the stimulus of coitus, this orgasm was excited again, the temporary paralysis of the erectile organs terminated, and ovulation completed.

There is a form of amenorrhœa, a delay in menstruation, which has been especially described as *amenorrhœa from psychical causes.*† The two conditions of mind in which this form is met are, first, great desire to have children—as, for example, in some women who marry late in life; and second, the fear of being pregnant—as, for example, when a wife is faithless to her vows, or is specially averse to the martyrdom of maternity and the legitimate increase of her family. This form readily yields, according to the author, to the assurances of the medical attendant, and to the administration of some mildly stimulating emmenagogue.

It has been observed that women possessing what Dr. Felix

* Diseases of Women. Fifth edition. Dublin, 1864.

† Raciborski. *Archives Générales de Medicine.* 1865.

Roubaud* has termed the *intellectual temperament* are remarkable for their indifference to sexual pleasures, sometimes have quite scanty menstruation, but are especially characterized by the regularity of its recurrence, neither anticipated nor retarded; and this regularity can be explained by the absence of all genitalic excitation.

The influence of violent passions of any sort, such as anger or jealousy, so far as it affects menstruation, may induce amenorrhœa, but more probably dysmenorrhœa or even menorrhagia. In the latter cases the sexual system feels the excitement which pervades the entire being, and is thrown into disorder by this general tumult. As to the effect of jealousy upon the sexual organs of the female, there is a curious case, familiar probably to some of our readers, recorded by Cabanis. A medical student, in a violent paroxysm of jealousy, was seized with most painful priapism that continued several hours, during which there were alternately discharges of semen and of blood.

Time is wanting to consider further at present the relations which psychical influences often bear in the genesis of menstrual disorders. Nevertheless there is a passage in one of Dr. Laycock's volumes,† both directly and indirectly connected with the subject under discussion, which we beg leave, in conclusion, to present for our readers' consideration.

"When the attention is directed to any portion of the body innervation and circulation are excited locally, and the functional activity of that portion developed. This is well shown in the common forms of hypochondriasis, in which the patient, being morbidly anxious as to the state of some particular organ—*e. g.*, the heart—he constantly directs his attention toward it, and thus functional disorder and even structural disease are caused. Sometimes this attention is purely automatic, as in a case recorded of a lady who, having witnessed an injury done to the ankle of another, very soon

* *Traité de l' Impuissance et de la Stérilité.* Paris, 1872.

† *Mind and Brain, or the Correlations of Consciousness.* Second edition. Edinburgh, 1869.

felt an acute pain in her own ankle, which on examination exhibited marks of increased vascular activity, amounting almost apparently to the production of something like purpura; or, in another case, of a woman past the climacteric who, having to assist her daughter during prolonged parturition, experienced uterine pains, swelling of the mammae, and other similar symptoms. Something analogous to this is the case of a lady treated by Mr. Braid, who drew her attention to her left breast when hypnotized, and thereby caused a copious flow of milk. Or it is like a still more curious case, given by the same author, in which he repeatedly excited the catamenial flow at will in a very few minutes. In short, so well established is this law of relation between capillary activity in portions of the nervous system centrally connected with viscera, and vital states of those viscera, that there can be no reasonable doubt whatever that it may be made the foundation of a scientific method of treating local diseases of all kinds."

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The fourth lecture is on *pelvic cellulitis*, and, excepting two

foot-notes, is just the same as published some ten years ago; while the fifth lecture, on the treatment of *pelvic cellulitis*, is the same as when first published, save the addition of one foot-note. The sixth lecture is on *pelvic peritonitis*, and, though recent, it discusses the subject in an exceedingly unsatisfactory manner. Its author evidently seemed embarrassed by his previous utterances upon *cellulitis*. He has already made this a frequent disease, and he can not, even with the light of Bernutz's conclusive investigations shining upon the way of truth, and with the testimony of Aran, proving by post mortems that fifty-five per cent. of women have had pelvic peritonitis, bring himself to believe in the much greater prevalence of the latter form of inflammation. So far as the *diagnosis* of pelvic peritonitis is concerned, Prof. Simpson's views are not at all comparable in clearness, completeness, and, we believe, correctness to those given by Dr. Thomas in his work on Diseases of Women. In the *treatment* Sir James is better than elsewhere; for in this he chiefly follows Bernutz, diverging now and then—as, for example, to recommend one of his therapeutic pets, oxalate of cerium, or to advise leeches to the anus instead of the cervix, or to the abdomen.

In a foot-note he enters into a discussion as to the proper designation for the disorder, as well as the one for inflammation of the pelvic cellular tissue. Virchow had proposed *para-metritis* for the latter and *peri-metritis* for the former; and Dr. J. Matthews Duncan, between whom and Sir James no love was lost, had written a little book with such title—a book, by the way, which seems to us one of the most unsatisfactory of all books—proving, if it proves anything but a failure, that the two disorders could not be distinguished. Of course the opportunity of criticising Dr. Duncan's chosen nomenclature, though he never mentions Dr. D.'s name, Sir James does not neglect. We wish some of our Philadelphia friends—who will thrust into the proposed nomenclature

with which they have been pregnant three years, and whose delivery at Philadelphia last May Dr. Woodward so harshly had postponed for a year, these unneeded, confusing, if not confounded, words—would read this criticism half a dozen times at least, and then leave para-metritis and peri-metritis the exclusive possession of Virchow and Duncan.

The seventh lecture is occupied with peri-uterine or *pelvic hematocoele** or *hemetoma*. This lecture is one of the number previously published, and is unchanged save that the definition of this disorder now includes intra-peritoneal effusions of blood as well as those in the cellular tissue; but when he sums up the symptoms of the disorder he forgets that he has given a new definition, and states that "the symptoms of hematocoele are the same as those of pelvic cellulitis," etc. Surely not unless the effusion be in the cellular tissue!

Four lectures, commencing with the eighth, are devoted to *cancer—cancer of the uterus and of the mamma*.

A note appended to the last of these chapters by the editor is valuable, as recommending a practice which we believe should be more generally followed. It is this: "In some cases of carcinoma uteri, where there was no hope of eradicating the disease, and no possibility of excising the affected part, I have seen Sir James scoop out with his finger-nail or a curette as much as possible of the diseased mass. This proceeding has the effect of checking for a time the local progress of the malady, and of allowing the patient's general health to rally from the exhaustion produced by the excessive discharges from the cancerous surface." Sims's curette is the best instrument, we believe, for this work.

By the way, we regret that the editor did not introduce, in connection with the surgical treatment of cancer of the womb, Sims's method of amputating the cervix.

* We believe it would be much better, as first suggested by McClintock in his *Clinical Contributions to Diseases of Women*, to use the word *hematocele* only for an intra-peritoneal effusion of blood; that which is extra-peritoneal—*i. e.*, in the cellular tissue—being termed *thrombus*.

Coccygodynia, and the diseases and deformities of the coccyx, are considered in the twelfth lecture. Coccygodynia, which Prof. Simpson used ten years ago, is not remarkably euphonious; but *coccygo-* or *coccygod-dynia*, or *ynia*, is a dreadful word to utter to one's patient. Sheridan said Lord Thurlow was a great hypocrite because he looked so much wiser than he or any other mortal could be; and so this word expresses altogether too much that is terrible. It ought not to be used for any disease that don't kill its victim within five minutes.

The thirteenth and fourteenth lectures are devoted to dysmenorrhœa; and here again we have the old. We wish Sir James or the editor had materially modified such a sentence as this. The author is speaking of the uses of the *hysterotome* in cases of *obstructive dysmenorrhœa*. "But altogether, I believe, I am entitled to say that there are few operations in surgery so perfectly simple in their performance, and so entirely satisfactory in their results, as division of the cervix uteri in cases of obstructive dysmenorrhœa and sterility." Surely this operation is not now regarded by the profession as such a trivial thing, nor is it held as yielding such uniformly satisfactory results.

And here let us remark that in his medical therapeutics too this gifted man at times exhibited a faith which few physicians would be able to participate in. Who, for example, believes that bromide of potassium in five-grain doses, three times a day, will "retard the growth," and "in many instances reduce the bulk," of uterine fibroids? And yet Sir James declared that to his mind the evidence of this was "overwhelming." True, one of our most eminent and successful ovariotomists within a few years has given muriate of ammonia almost as miraculous power as the great Scotch obstetrician and gynecologist—in most respects the greatest of the age—gave the bromide of potassium; but the sharp criticism of Dr. White, of Buffalo, settled, if anything of the kind were needed, the absurdity of the claims for the muriate.

Time and space do not permit us to prolong this notice. The volume is worthy—nay, demands—a place in the library of every thoughtful, studious physician. It is admirably gotten up as to type, paper, etc.; but this need not be stated, since it bears the imprint of the well-known publishing house of Appleton & Co.

The writer can not terminate this notice without saying a word of the great author and teacher whose death made a world mourn. Amid all the pleasant memories of Edinburgh none are more delightful than those connected with Sir James Y. Simpson; and among all the faces of the eminent medical faculty of the University—historic names many of them are—none remains so vividly impressed on one's heart as his. Once more his genial smile, his kindly words, and his generous hospitality, making the stranger at home in his house, seem to return. He did much—few have ever done, few can ever do so much—for medicine and for humanity. He had both genius and industry; an indefatigable worker by night and by day. Heights, which even in his youthful ambition he may not have anticipated climbing, he had attained, and was enthroned a king among men. Conquests of new fields in pathology and therapeutics he had made, and added them to the domain of medicine. Thousands and hundreds of thousands have blessed his name, and will bless his memory as long as woman travails in sorrow, as long as disease and accident bring man to the surgeon's knife. And yet this king, this conqueror, this philanthropist, at whose feet the best honors of the world were laid, was not dazzled with glory or puffed up with pride. He had all the sincerity and simplicity of a child, illustrating most happily the truth which Coleridge expressed, "To carry the feelings of childhood into the powers of manhood is the privilege of genius." A century may come and go before our profession can rejoice in one equal to Sir James in gifts and in attainments, in work and in fame.

T. P.

Principles and Practice of Physic. By SIR THOS. WATSON, Bart., M. D., F. R. S., etc. In two volumes. Fifth edition. Edited by HENRY HARTSHORNE, A. M., M. D., etc. Philadelphia: Henry C. Lea. 1872.

In many respects this is the most remarkable work on medicine that has appeared during the present century. No other in the English language certainly has been so highly praised, and no other probably has been so much read. Other authors in the time have contributed more original views to the profession, and others have written more exhaustive treatises, but none have attained so wide a popularity or retained it so long. Longevity is not one of the characteristics of medical books. On the contrary, they are, as a class, singularly short-lived; but this has outlived a generation of men. It is painful to see with what rapidity one treatise, for the most part, succeeds to another; and how the system which a few years ago was so much esteemed is superseded in a little while by a new candidate for fame. In a science like medicine making continued progress this must always be so. The system which exhibits a faithful view of principles and practice to-day will not be up with the profession a few years hence; and if not so amended and molded as to conform to the altered state of medicine must fall into neglect.

Sir Thomas Watson has attempted this feat, "ever climbing up the climbing wave" of medical knowledge; and if he has not succeeded perfectly in adapting his great work to the existing state of the science, it is because he has not been willing to pull to pieces the entire framework of his lectures. But with the aid of his friend, Dr. George Johnson, he has put it into a shape in which it is likely to prove as acceptable to the students of our day as it was to those who hailed its appearance nearly thirty years ago. The additions of the accomplished American editor will still further enhance its value to its readers in this country, most of whom no doubt

will agree with Dr. Hartshorne where he differs from the learned author in theory or in practice. They will generally agree with him, we think, in rejecting the elimination theory of cholera which Sir Thomas Watson has adopted. Fascinating as that theory is on account of its simplicity, it is opposed by so many facts that it is not likely long to stand its ground. But this is a trivial objection. Others might be pointed out to show that these lectures are not perfect. The author himself says in his epilogue: "A few things in the first of these volumes would have been somewhat differently put if they had not been already printed while I was preparing the second. I will mention one only. Had I known what I now know about the effects of chloral in procuring sleep, I should have recommended it as preferable to opium in the treatment of delirium tremens." He could easily have cited many similar instances of change or addition rendered necessary by the rapid advance of medical science; but, taking these volumes as they are, they present an exposition of the practice of medicine as lucid and interesting as has ever been given in any language; and it may safely be predicted that they will hold their place in the profession for a long time to come.

Manual of Qualitative Analysis. By ROBERT GALLOWAY, F. C. S., etc. From the fifth London edition. Philadelphia: Henry C. Lea. 1872.

This book has received abroad the stamp of critical approval, and now is offered to the chemical students of our land as a worthy companion to the other very good books upon qualitative analysis. While it presupposes considerable elementary chemical knowledge, it is not lacking in explanation of the principles involved in the various reactions. It is primarily a work upon qualitative analysis, though a large

part is devoted to the properties and sources of the elements and their compounds. This is an improvement upon a system much in vogue of late years, wherein the student was *told* and *shown* facts and phenomena. The author endeavors to make the learner an active inquirer, relying upon his own intelligence and judgment in making discoveries. Questions in practice are put at the end of important discoveries, which require not so much exertion of the memory as of the reasoning faculty.

In Part II. will be found the more advanced analytical study of organic substances. The distinctive qualities of the alkaloids, and their deportment in the presence of reagents and means for their recognition, are treated elaborately enough to be of service to the pharmaceutical and medical student.

Though better adapted to the wants of the general than of the medical student, yet the latter, if interested in chemical study, will not go amiss if he purchase this volume. Its notation is new, and not in conformity to the pharmacopœia. An acquaintance with both methods will not be objectionable when one aims at thoroughness, and thoroughness will be the sure reward of him who masters the book under review.

J. W. H.

The Urine and its Derangements, with the Application of Physiological Chemistry to the Diagnosis and Treatment of Constitutional as well as Local Diseases. Being a course of Original Lectures delivered at University College, London. By GEORGE HARLEY, M. D., F. R. S., etc., etc. Philadelphia: Lindsay & Blakiston. 1872.

The author justly remarks in the first of these lectures that "an examination of the urine not only enables us to arrive at a correct diagnosis of diseases attacking the urinary organs themselves, but in many cases yields most important information regarding the nature of morbid changes occurring

in other and distant parts of the frame." He further speaks of the urine as not only having rendered incalculable service to clinical medicine, and yielded brilliant discoveries to chemistry, but also as having solved many of the most abstruse problems in physiology.

It is impossible to present in the pages of the Practitioner even a complete analysis of this volume, nor would such an analysis be of special value to our readers; that value must result to each one from the careful reading and study of the book itself. We can cordially recommend "Harley on the Urine and its Derangements" to students and to practitioners as the most recent and in many respects the best work of the kind to be had.

T. P.

A Nomenclature of Diseases: With the Reports of the Majority and of the Minority of the Committee thereon. Presented to the American Medical Association at the Meeting held in Philadelphia, May, 1872.

At the last meeting of the American Medical Association the chairman of the committee on "a nomenclature of diseases" offered a report which represented the views of a majority of his colleagues. The report was an elaborate and painstaking attempt in an exceedingly difficult field, and when the report was presented to the Association there was a strong wish expressed for its adoption; but a minority of the committee having, as they stated, been unable to form an opinion as to the details of the report, asked that the adoption of the proposed nomenclature and classification be postponed till the next annual meeting of the Association. The report of the minority prevailed, and the profession has therefore another year in which to assist the committee in its labors.

The way in which this may be done is set forth in the following notice by the chairman of the committee:

"In issuing, by direction of the American Medical Association, a large number of extra copies of a report on "A Nomenclature of Diseases," presented at the last annual meeting of the Association, and in inviting the criticism of the medical profession thereon, it is proper to state that a similar distribution was made in 1869 of the Nomenclature of Diseases published by the Royal College of Physicians of London, accompanied by a similar invitation, but that very few proposals for amending the scheme were received from any quarter; and that such of these as appeared judicious are embodied in the present report. As, however, the proposed American system differs from the English in several of its prominent features, and in very many of its details, and as it is desirable to have all its parts improved as far as possible by suggestion and criticism, it is requested that communications upon the subject should be addressed at the earliest day to

FRANCIS G. SMITH, M. D.,

*Chairman of Committee on Nomenclature,
1504 Walnut Street, Philadelphia."*

Clinic of the Month.

STRANGULATED HERNIA.—Sir James Paget has recently embodied his experience in the management of this accident in the following admirable lecture, which we copy from the British Medical Journal:

“For a general rule, let me repeat, your first examination of a patient with a hernia supposed to be strangulated should not be with a design to reduce it at once, but rather with a design to make out what shall be done; what are the chances of reduction without operation; what helps shall be used to obtain it, if it be deemed desirable. Of course you may reduce the hernia, if reduction at once be easy; but do not go on trying if it be difficult. If the case be a bad one, you must first decide whether reduction without operation should be even attempted; and, if the attempt is to be made, what and how much it should be. For this decision here are some general rules, which I find illustrated by my cases.

“In very bad cases—as, for instance, when the patient vomits fecal matter and has peritonitis, or is in collapse, with a small, rapid pulse, hiccup, or other such extreme signs—there should be no attempt at reduction without operation. The risk of the operation is trivial in comparison with that of returning sloughing of ulcerating intestines into the abdominal cavity. When the coverings of the hernia are so inflamed as to make it probable that sloughing or suppuration has taken place beneath them, reduction should not be attempted without operation; and even when they are less inflamed none but very brief and gentle efforts should be made, for success is improbable, and failure may be mischievous.

The longer the signs of strangulation have existed the shorter should be the efforts at reduction; and the more acute the signs are or have been, the more gentle should these efforts be. Only here do not reckon among the acute signs the intensity of pain in recent or greatly enlarged herniæ; for many of the most intensely painful herniæ are reducible with the help of chloroform, though they may need as much force as is in any case justifiable. The longer and more numerous and forcible the efforts at reduction made in any case before it comes under your care, the briefer and gentler should your own efforts be; if indeed you do not at once decide that enough has been done, and that there remains no fair chance of reduction without operation. If you find that you have to do with a hernia which has been habitually irreducible, and in which you have reason to believe that without any addition to them the contents of the sac have become strangulated, you had better operate at once. You are not likely to reduce a protrusion which even before strangulation was irreducible.

"Let me now suppose that, observing these rules, a first examination of a strangulated hernia leads to the decision that its reduction without operation is to be attempted. I can not give a single rule of practice that shall always suffice for the next step after such a decision; but speaking generally, and of a great majority of cases which come under treatment, it is a safe rule of practice that after a very warm bath and a few hours' rest in bed—say from three to twelve hours, according to the case—a single attempt at reduction of reasonable force and length should be made; that if this should fail chloroform or ether should be given; and then in some cases, but not in all, a second attempt should be made; and that if this should fail, or if it should not be made, the operation should be performed while the patient is still insensible.

"The hot bath should be used in all cases that are not very bad, unless in old and feeble persons, whom it might

depress too much. Among these its place may be supplied by very hot fomentations, or by warm poultices over the hernia and the parts near it; and these must be used as the next best things when a hot bath can not be had. Helped by rest, all these things are certainly very useful, whether by relieving the tendency to irritable muscular action or by relieving congestion, or by whatever other means. Especially you may see their utility in hospital patients, who are commonly brought in wretched, chilled, and restless, with their hernia tense and full and very painful, and their abdominal muscles starting into resistance at the least painful pressure. The heat of the bath and bed and recumbent rest may remedy all this, and the hernia may become easily reducible, or may even reduce itself. It is commonly advised to have the bath so hot and to keep the patient so long in it that he may be very faint, and during this faintness to attempt the reduction while the patient is still in the bath. I more than doubt the prudence of this advice. It seems to me better to let the patient be simply soothed and relaxed in the bath; then to put him into bed wrapped in warm blankets, lying on his side, on his back with his knees drawn up, or with his pelvis a little raised; and then, after an hour or two of complete rest, to attempt the reduction. The advantage of this plan is shown in the many cases in which the surgeon gets the credit for reducing a hernia which the house-surgeon has failed to reduce. The house-surgeon tries in the bath, and fails. The surgeon, an hour or two later, succeeds, not, or at least not always, by greater skill, but by reason of the more favorable condition of the patient after a time of rest and warmth, and of his better position—lying flat, instead of half sitting, as in the bath. This employment of rest and the bath may be helped by opium whenever the hernia is very painful, and the patient too restless to have a chance of natural sleep. A grain of opium may procure the rest necessary for the quietude of the parts, but is less likely to be useful with femoral than

with umbilical herniae, and less likely with these than with inguinal.

"In the old, and in others who may have had inactive bowels long before the strangulation, and in whom fecal accumulations or abundant air may be in the large intestine, an enema even of a large quantity of liquid should be used; for the emptying of the large intestine may greatly facilitate the return of the hernia. Purgatives, I believe, had better not be thought of, if there be any marked signs of strangulation. There are no clear indications for determining the cases in which they might possibly be useful; and, if they do no good, they may do grievous harm. I do not doubt that some have gained advantage from purgatives; but in my notes and memory I rather find instances of mischief, and certainly no cases in which there seemed reason to think that the patients were the worse for not taking any sort of purgatives after evidence of strangulation.

"After the warm bath and rest—and still speaking of only the majority of cases, for in some there is no time for these things—you may give chloroform or some other anaesthetic, and try to reduce the hernia. How you are to do this I can not tell you now, nor what time and force are reasonable to be used. You must imitate what you see done by men of repute, and use the best common-sense you can. I can tell you some things that you must not do. You must not go to work as if you were resolved to reduce the hernia *per fas aut nefas*. You are not to spend an hour or even half an hour about it, or use all your force, or take off your coat and turn up your shirt-sleeves, or kneel on the bed that you may press with the more weight. You are not to let half a dozen persons try their hands in turn. You are not to do these or the like things, all of which I have known as the sources of dire calamities. You are to be gentle and self-restraining, mindful of the delicacy of some of the structures you are handling, and that you may do them much more harm than would

come of the operation which you are trying to avert. These cautions are the more necessary because, when the patient is under chloroform, you have nothing but your own sense and senses to tell you how far you may go without doing harm. The great value of chloroform and ether is that, by abolishing sensation, they put an end to the muscular resistance to reduction which, whether he will or no, the patient makes when hurt by the pressure of his hernia. Hence they are most useful in the herniæ of which the difficulty of reduction is chiefly due to muscular resistance; in the recent, or in the recently much enlarged; in the inguinal more than in the femoral, and in these more than in the umbilical; in the painful more than in the painless. Chloroform and ether are by so much the most potent helps to the reduction of herniæ that it may seem as if it would be right to use one of them without waiting for the influence of a warm bath or recumbency, or any similar means. Sometimes it is right thus to do, especially in herniæ that have only recently come down and are intensely painful. But more commonly, if there would be danger in waiting for three or four hours, it is because strangulation is so far advanced that the operation ought to be done at once, without any previous attempts at reduction. If there be no such extreme urgency for immediate reduction, there can be nothing but advantage in the use of the bath and the three or four hours' rest in bed; for they may make the hernia reducible, or, even if they fail of this, they may cause changes in it which are beneficial for both the performance of the operation and for the probabilities of recovery after it.

"While you are waiting you may use, in different cases, ice or warm dressings, enemata, aperients, or opiates. I can not tell you the indications for each of them. I am glad to have had no sufficient experience of waiting to have weighed the several values of these things; glad, because I have no doubt that for every case in which an operation has been avoided by waiting there have been two cases in which lives have been

lost by waiting too long. But there are at least one or two conditions favorable for all cases in which you desire to wait; namely, rest in bed and very sparing food. Nothing should be allowed to disturb the patient's rest, and no handling of the hernia should be permitted. Part of the value of ice and poultices and other applications is this, that they keep all hands off.

"Of other supposed helps I will not speak; of tobacco and curious postures, and shakings with the legs up and the head down, and cupping-glasses, and other like and unlike things. They are ingenious wrong-doings, more dangerous than the operation which they are intended to avert.

"In speaking of herniae as being reducible, I have had in mind only such as can be completely and certainly reduced; but it is not uncommon to meet with cases of strangulated hernia in which the reduction is doubtful or partial. As I looked through my cases I found many of these recorded, in which there was delay in sending patients to the hospital, because surgeons believed that part of the hernia was put back, and hoped the rest would soon go; and some in which, even in the hospital, there was mischievous delay through the same fallacious hope. It is not easy to say what takes place in these partial or doubtful reductions. Some patients will tell you that the whole never did go back, and that what now seemed to be reduced might only be an additional protrusion. Sometimes, I think, air is pushed back from the intestine or fluid from the sac; sometimes omentum is put back; sometimes perhaps part of the intestine; sometimes nothing, the whole notion of reduction being fallacious. The liability to deception is greater than you would imagine. You may feel a thrill of receding fluid, or a gurgling of air, which you may suppose to be what some describe as the characteristic gurgling (as if anything of the kind were infallibly characteristic), or something slipping back; but all may be fallacious. There is one practical rule for all these cases. If the symp-

toms of strangulation be not relieved by the supposed reduction; if the vomiting continue, or the pain, or the patient's sense of distress, or any other of the distinctive symptoms; then without delay you must operate. A partial reduction of a strangulated hernia, if it be not followed by a complete relief of symptoms, is in nothing better than no reduction. I may add that most doubtful reductions are not reductions; and of the partial reductions none are safe, except some of those in which the intestine is put back, and only omentum remains in the sac.

"Be prepared also for cases in which reduction is or seems complete, and yet the signs of strangulation are not relieved. In these a hernia may be returned *en masse*, or pushed into another sac, or between the peritoneum and fascia; or the case may be one of hernia complicated with an internal strangulation, or one of many other conditions so hard to discriminate and deal with that I can give only one general rule for their management; viz., that if you can feel a lump at or near the hernial ring, as if there were something which may be a strangulated hernia, then you must operate.

"To end what I should say respecting the propriety of operating, I ought perhaps to speak of the condition of the patient as affecting the risk of the operation by reason of age and general health, and various complications. Among my cases I find not only many of the fattest and feeblest, but examples of complication with phthisis, acute and chronic bronchitis, aortic constriction, plebitis, gastric ulcer, diseased bladder, intestinal disorders of various kinds, and internal strangulation. Patients such as these were one would not wound for any trivial good; but with a strangulated hernia the peril of doing the operation can hardly ever be so great as the evil of leaving it undone. Old age and feebleness, fatness, intemperance, or unsoundness of whatever kind may add to the risks of this as of any other operation; but all these risks must be accepted. A patient must not be allowed

to die with a strangulated hernia, if by any means whatever the strangulation can be relieved; and you must not be averted from the operation by any consideration of the number of deaths that follow it. The deaths after the operation may be fifty per cent.; but the deaths due to the operation are not more than two or three per cent., and even these would probably have been deaths from the hernia if the operation had not been performed. The great proportion of deaths is made up of those in whom the strangulation has done mischief which the operation can not remedy. It is not unfair to maintain that, speaking generally, the deaths after operations for hernia are only to be counted as failures to save life, while the recoveries are to be counted as lives saved from certainly impending death."

A NEW TREATMENT FOR PSORIASIS.—Prof. Hebra, who has treated more than a thousand cases of psoriasis, says that he remembers but a single instance in which the patient, being cured, did not suffer a relapse; and dermatologists everywhere, and with the fewest exceptions, confess it to be next to impossible to cure it radically. The Boston Medical and Surgical Journal gives an abstract from the April number of the *Berliner Klin. Wochenschrift* of a treatment recommended by Dr. Buck, which is said to be attended with much more favorable results than have been attained by any other remedies, inasmuch as the cure is rapid and a recurrence of the eruption rare. After a series of experiments with nitrate of silver, tincture of iodine, and acetic acid, the conclusion was arrived at that the latter agent was the most rapid and radical in its effects.

The exact method of making this application is as follows: first, the superficial scales are to be removed by the aid of frictions with soft soap and warm water, after which different portions of the diseased skin are to be attacked by the acetic acid, which is to be painted on by means of a small camel's-

hair brush. The extent of skin which can be daily treated in this manner will depend very much upon the susceptibility of the patient to the action of the remedy, his ability and willingness to endure the consequent smarting, which would appear to be by no means inconsiderable. As the patient becomes more tolerant of this caustic, the applications may be made more frequently, and a larger area may be painted at one sitting. As the result of the application of this agent the tissue becomes white and puffs out, while the surrounding skin becomes red and inflamed, all of which is attended by a moderately severe smarting, which usually subsides in the course of fifteen minutes. The layers of epidermis, which at first are rendered softer, soon dry up and assume the character of thin, horny scales, which in a few days either fall off of themselves or are readily detached, after which the application of the acid is to be renewed. If the smarting continues for any length of time, or if a severe irritation of the surrounding tissue is produced, as indicated by extensive swelling and redness, the treatment is to be suspended for the time being, and some soothing application, such as lead wash, is to be made to the irritated tissue. The acid may be applied in this manner from one to three times daily, as the patient may wish, until the red, indurated, and thickened tissue is entirely removed, and its space supplied by a smooth, soft skin of the natural color. No eschar remains upon the affected spot. In cases of long standing a dark-colored pigment may somewhat discolor the skin for a time, but even this disappears after a while, which, in cases where the psoriasis has had its seat upon the face, is a matter of no little importance to the sufferer. Upon the healthy tissue the acetic acid exerts little or no effect, acting merely as a rubefacient. The time required for the accomplishment of a thorough cure varies from four to eight weeks, depending upon the degree of vigor and persistency with which the treatment is applied, and also upon whether the eruption is of long or short duration.

As a matter of fact, Dr. Buck has not found the pain and smarting any real objection to this mode of treatment; the small amount of suffering being readily borne, and that the more cheerfully, when it becomes obvious that the beneficial effects are immediate and decided. One case is related of an affianced young lady who was affected with an abundant eruption of psoriasis upon both arms, legs, and back, which she was desirous of being freed from before the nuptial ceremony. An energetic treatment was begun, and continued with such effect that at the end of seven weeks the eruption had entirely disappeared; and now, after the expiration of six years, there has been no return of the disease.

Regarding psoriasis as a strictly local affection, Dr. Buck has invariably discarded the use of any internal remedies, such as arsenic, carbolic acid, etc., and the results of his external treatment above described seem to have been attended with uniform success. One case is reported of a young lady, aged thirty, whose body was almost entirely covered with diseased patches (*psoriasis universalis*), varying in size from a split pea to the palm of the hand, whose cure was effected inside of eight weeks. In *psoriasis syphilitica*, which is not strictly included under the same head, the ordinary anti-syphilitic remedies are of course indicated. The acetic-acid treatment appears to have been pretty thoroughly tested for a number of years by Dr. Buck in his hospital wards, and he confidently recommends it to general practitioners, maintaining that it can be carried out *tuto*, if not both *cito et jucunde*. To those whose appetites have often succumbed in vain to nauseating doses of arsenic, so empirically prescribed by the English school of dermatologists, the announcement of this new and simple method of cure will be particularly gratifying.

HYDRARTHROSIS TREATED BY INJECTIONS OF TINCTURE OF IODINE.—Dr. Keppler reports in the *Wiener Medizinische Presse* for April 28th a case of hydrarthrosis of the knee-joint

treated by Prof. Dittel, of Vienna, by injections containing iodine. The patient was a lad eighteen years of age, who five and a half years before coming under observation had received a severe contusion of the knee, which was followed by an accumulation of the synovial fluid of the joint. To relieve this condition Prof. Dittel injected into the joint two scruples of a mixture composed of equal parts of water and of tincture of iodine, which was drawn off ten minutes afterward. Very few general symptoms followed the operation, although it gave rise to synovitis. Seventeen days later the injection was repeated, this time with pure tincture of iodine, which was allowed to remain. Synovitis was again excited by it, but was this time followed by a decided diminution of the swelling. The operation was again repeated a month later. The patient was discharged three and a half months after the institution of the treatment, completely cured.

HEMORRHAGIC PHthisis.—We know that this early hemoptysis is rarely fatal, and therefore, after calming the patient and securing for him perfect repose, we may anticipate spontaneous arrest of the hemorrhage, or may endeavor to stop it by appropriate drugs and other means. Our whole anxiety is, however, in the immediate future; to watch for and, if possible, to avert the secondary consequences of the bleeding. Any detailed physical examination of the chest is, while the hemorrhage continues, to be carefully avoided.

The thermometer, happily without danger to the patient, gives us the information we most require, and, together with the pulse and general aspect of the patient, is the best guide in the management of the case. If the temperature is raised at the time, or within a few hours of the hemoptysis (it is often depressed for a few hours by hemorrhage from the lungs), we may conclude it to be of congestive or inflammatory origin; and we anxiously watch for a few days to see whether the fever subsides with the hemoptysis, or whether a fresh acces-

sion takes place significant of those secondary inflammatory changes we have reason to dread.

The patient is usually seen after the first burst of hemorrhage; and if the bleeding continue after quiet is secured, astringents may be found useful. I believe gallic acid to be the best of them, but it must be given in large doses of twenty grains or half a drachm. Unless, however, active bleeding is going on, I am content in cases of hemoptysis to give nitromuriatic acid and ipecacuanha, the acid serving, I fancy, to give tone to the relaxed vessels which have yielded the blood.

The subsequent treatment of these cases requires the greatest care, and may be rewarded with brilliant results; for they are cases in which the disease is often in the smallest sense constitutional, and therefore in which recovery is always to be hoped for, while in no kind of condition is neglect attended with more unfortunate results than in hemoptysis.

The prophylactic treatment is of much importance when we have any suspicion of a tendency to pulmonary hyperaemia, especially in young girls before menstruation is thoroughly established, or if it be irregular. Violent exercise of any kind should be strictly forbidden, the underclothing should be of flannel throughout, and the air of the bed-room should be warmed. (*Pulmonary Consumption*, by R. Douglas Powell, M. D., London, 1872.)

RECURRENT HEMOPTYSIS.—In the treatment of this form of hemoptysis, besides the general principles of absolute muscular rest, etc., we must be more diligent with astringents and remedies which control the heart's action and allay cough. *Ergot* acting upon the muscular walls of the arteries, *digitalis* diminishing the frequency of the heart's action, and *opium* lessening excitement and allaying cough, are of the greatest value.

Ipecacuanha emetics, admissible in certain cases of primary

hemoptysis, would be certainly harmful in these. Our object is to allow the blood to coagulate at the seat of rupture, and faintness short of actual syncope should be encouraged rather than prevented by stimulants. Nauseant remedies, however, from their relaxing effects on the vessels, are inadmissible. Interrupted cold applications to the chest may be tried in these cases more usefully, I think, than in those in which the hemorrhage is capillary.

With reference to prophylactic treatment, patients the subjects of phthisis, particularly with chronic cavities, should be cautioned against muscular efforts, such as running up stairs or walking fast. The experiments of Colin show that on exertion the pressure of blood in the pulmonary artery increases in greater ratio than that in the aorta. In those patients too who are gifted with rapid blood-making powers, and who pick up flesh with great rapidity after hemoptysis, a timely partial abstention from butcher's meat, and the complete withdrawal of stimulants, may ward off or postpone the next attack. (*Ibid.*)

QUININE AND ALCOHOL IN THE TREATMENT OF PUEPERAL MALADIES AND OF PYÆMIA.—In a recent monograph * by Dr. G. Danet the author refers to the fact that quinine has been regarded as a prophylactic and an antidote to the puerperal miasm, and that many surgeons administer it to their patients after operations in order to prevent purulent infection. He refers to two cases of purulent vesical catarrh occurring in patients who had stone, and on whom lithotomy was performed. To these patients quinine was given; and, if in a large dose, the pus disappeared from the urine; if in a diminished, pus reappeared just in proportion to the diminution. "These observations," says Dr. D., referring to the cases just mentioned, "have established the conviction in my mind that

* *De l'Alcool dans le Traitement des Maladies Puerpérales suites de Conches et de la Resorption Purulente.* Paris, 1872.

the salts of quinine possess an evident antiseptic power, and that they are *par excellence* the antagonist of organic poisons, without doubt by their special action on the ganglionary system; a fact which I expressed in 1857 in saying that quinine was to the great sympathetic what strychnine was to the cerebro-spinal system. But if quinine is to act upon the organic life, the organism must be in a condition to respond to its influence. Now, in puerperal poisoning, as well as in pyæmia consequent upon traumatism, the system is not in a state to obey its influence. Under such circumstances I regard alcohol in a large quantity as the sole agent known capable of giving to the economy the force necessary to be impressed by quinine. I have given from one litre* to one and a half of brandy in twenty-four hours to a patient. One of my patients has taken eight litres in six days."

The author asserts that the proofs of the necessity at first, and of the subsequent innocuousness of large doses of brandy, are first, that until the appearance of certain phenomena the patient gives no indication of intoxication, no matter how large the quantity taken; second, under the influence of these doses the patient gradually arouses from torpor—wakens up, as it were—while in a state of health such quantities would cause opposite phenomena, prostration, and also anaesthesia; third, the accidents of the digestive tube peculiar to the disease diminish and disappear, when ordinarily a litre of brandy is poisonous, and may be fatal, while inflammation of the digestive tube is the necessary consequence of taking large quantities of alcohol. Whenever this last symptom occurs it is the characteristic evidence of the maximum employment of alcohol, and the medicine should be suspended. "Alcohol does not cure puerperal maladies and purulent absorption any more than it cures the inflammatory maladies of the respiratory organs. It prepares the way; it momentarily maintains the life; it is the *eau-de-vie*. Then quinine, which is the sole

* A litre is equal to 1.76 of a pint.

antidote to miasmatic maladies, can combat and annihilate the poison."

THE ACTION OF HASHEESH.—Dr. F. Villard* adopts the following conclusions as to hasheesh: first, it acts upon the entire nervous system; second, in a moderate dose it excites the intellectual faculties and stimulates sensory and motor power; third, in a large dose it causes anaesthesia, analgesia, cataleptic or choreic phenomena, incoordination of movement; fourth, sleep or stupor, according to the dose, follows these symptoms; fifth, the influence of hasheesh upon the great sympathetic is proved by the effect produced upon the uterus, and by the modifications of the circulation; sixth, the abuse of hasheesh gradually causes intellectual and physical enfeeblement; seventh, hasheesh is of great value in a number of maladies, especially the nervous, and it is worthy an important place in therapeutics.

QUININE HYPODERMICALLY IN MALARIOUS FEVER.—A late number of the Indian Medical Gazette, it is stated in the Lancet, contains an abstract of the results of this method of treatment in one hundred cases of fever of the intermittent and remittent types. Sixty-eight per cent. of the cases are stated to have been cured. Ulceration at the point of injection occurred in sixteen cases. The subject of the hypodermic injection of quinine was referred last year to Prof. Maclean, and his report thereon has been published officially in India. Dr. Maclean states that among the invalids in the medical division at Netley at the time of his report he found four on whom this operation had been performed, and in three of the number troublesome ulceration had resulted, owing in all probability to the fact that the solution of the quinine had been effected by the aid of a mineral acid. It was necessary therefore that some solution of quinine devoid of irritating

* *Du Haschisch, Etude Clinique, Physiologique, et Therapeutique.* Paris, 1872.

properties should be employed for subcutaneous injection. With this end in view the so-called neutral sulphate of the alkaloid was used, which is in fact not neutral, for it gives a decided reaction with litmus paper. However, it appears to have answered the purpose very well. With a little care it is quite possible to inject six grains of the salt dissolved in twelve minims of water without the aid of any acid. The proceeding is very simple. Three or six grains of the neutral sulphate are placed in a watch-glass previously warmed. To this twelve minims of distilled water are added, and a moderate degree of heat applied with a spirit lamp for a second or two. The syringe, previously warmed by placing it in water of about 130° F., is then filled, and the operation completed in the usual way. Warming the syringe is essential. If this is neglected immediate deposition of crystals follows, and the injection becomes impossible. The ordinary hypodermic syringe used for morphine injections is not thoroughly adapted for this purpose, and it is well to use a separate syringe of larger size and with a freer aperture for injecting quinine. A weak solution of carbolic acid should be used to wash the perforated needle each time after its employment.

FEEDING BY THE RECTUM.—Dr. W. O. Leube, of Erlangen, in a paper on this subject in the *Deutches Archiv. für Klin. Medic.*, a translation of which appears in the British Medical Journal, says the feeding of patients by nutritive enemata in cases of stricture of the esophagus or pylorus, or whenever the upper part of the digestive tube must be relieved of its functions, has hitherto been anything but a satisfactory proceeding. The ordinary fluid food which is generally used for that purpose is either not retained long enough in the rectum or can not be digested there for want of a digestive ferment. Even the proposal of Meissner, to use an artificially-prepared meat-peptone, has not always been found practicable, and the long time necessary for its preparation makes it quite unsuit-

able for daily practice. Starting from the idea that it would be best to let the digestive changes which must necessarily precede absorption go on in the rectum itself, with its equable temperature, he devised a mixture of food and digestive ferment, which, he found, is easily retained in the rectum from twelve to thirty-six hours. The digestive ferment is the fresh pancreas of the ox or pig, which, finely minced, he mixed with scraped meat, rubbing them well together with a little warm water, so that the mass may be easily injected. The most suitable proportion is one part of pancreas to three of meat. Fat may be added, but its quantity ought not to exceed one sixth of that of the meat. Before this food is injected the rectum ought to be washed out with water. Dr. Leube mentions that the first enemata sometimes apparently remain undigested, but that this must not prevent their being continued. Generally the faeces resulting when this food has been retained sufficiently long have the character of ordinary fecal matter. By a series of experiments Dr. Leube has proved that by this method of feeding per rectum a considerable quantity of nitrogen is taken up into the system. In a dog, which for several days had been deprived of nitrogenous food, and whose system therefore was in a state of nitrogen-hunger, an increase in the nitrogen-elimination by the kidneys took place when these nutritive enemata were given; and, on the other hand, in several experiments on a dog, and likewise on a healthy young man, whose system was in a state of satiation with regard to nitrogen, the quantity of nitrogen excreted through the kidneys was not materially diminished when most of the nitrogenous food was introduced by the rectum instead of the stomach. A chemical examination of the faeces remaining when the food had been retained long enough showed that almost the entire quantity of nitrogen contained in the food had disappeared. The same was found with regard to fat; and in a dog that was killed on the second day of the experiment the epithelial cells of the mucous membrane of

the colon were found filled with fat globules. Dr. Leube also relates three cases of patients in whom this method of feeding had been used, and has completely answered the expectations which had been formed from his experiments. Of particular interest is the last case, in which, in consequence of tincture of iodine having been accidentally swallowed, no food whatever could be taken by the stomach, and the feeding by the rectum had to be continued for more than four weeks. In all three cases the general condition of the patients was much improved, although the nature of the cases precluded any but temporary benefit, two of the patients suffering from carcinoma.

A NEW MODE OF MAKING BEEF-TEA.—Dr. H. C. Wood, in New Remedies, suggests the following method of making beef-tea: "In order to meet the daily-felt want of concentrated fluid meat food, a want not supplied by beef-essence as ordinarily made, I have invented the following process, and found in practice that it works well. Take a thin rump-steak of beef, lay it upon a board, and with a case-knife scrape it. In this way a red pulp will be obtained, which contains pretty much everything in the steak, except the fibrous tissue. Mix this red pulp thoroughly with three times its bulk of cold water, stirring until the pulp is completely diffused. Put the whole upon a moderate fire, and allow it to come slowly to a boil, stirring all the time to prevent the caking of the pulp. As soon as it has boiled remove from the fire, and season to taste. In using this do not allow the patient to strain it, but stir the settling thoroughly into the fluid. One to three fluid ounces of this may be given at a time."

Notes and Queries.

PROF. PARVIN.—From the announcement of the University of Louisville it will be seen that the name of this distinguished teacher appears no longer in the catalogue of its officers. We exceedingly regret this, and we believe that every friend of the University will regret it as much as we do. We regard the resignation of Prof. Parvin at this time, in the full maturity of his intellectual powers, and when experience has rendered his lectures most valuable, as a loss not only to the school in which he has held a professorship, but to the whole profession of our country.

As a lecturer Prof. Parvin has few equals anywhere, and to his attractive elocution he unites a modesty and candor that give additional weight to the experience and learning with which he enriches his lectures. Such a teacher ought not to be permitted to retire from the stage, and we feel very confident that he will not be allowed long to remain in his retirement. In the meantime we may congratulate the readers of the American Practitioner on what they will gain by the leisure which his withdrawal from public teaching will afford him for contributing to its pages. His interest in it remains the same, and his pen, which has added so largely to the value of its matter, will in the future be devoted still more liberally to it. He will devote his time to the practice of his profession in Indianapolis and to writing for the Practitioner.

PUSTULATION WITH TARTAR-EMETIC AS A SUBSTITUTE FOR VACCINATION.—Dr. B. S. Woodworth, of Fort Wayne, who is one of the oldest and most eminent physicians in Indiana,

states, in a communication received by us some time since, a theory that he has held for thirty-four years—viz., that *pustulation by tartar-emetic is as good a preventive of small-pox as perfect vaccination*. He was led to this theory in consequence of a series of papers, in 1838-9, in the Boston Medical and Surgical Journal, “in which the almost exact resemblance of tartar-emetic pustules and vaccinia was mentioned. This fact,” he adds, “is familiar to every physician. Not only is the similarity of the two perfect at their full development, but the successive stages are also alike. Now, why may not this artificial pustulation be just as good a preventive as vaccination, since the same process has been gone through with, the same molecular changes; and certainly there can be nothing more mysterious in the one case than in the other. Some five or six years after I had first entertained this view an article in the London Lancet, by a German physician, advanced the same theory, and it was, I believe, verified by cases. However this may be, I fully believe the theory, but for obvious reasons can not prove it. This can only be done by experiments in hospitals, not in private practice.”

Dr. W. speaks of what he believes the great value of this discovery, if it be one, because of the difficulty oftentimes of procuring good vaccine virus in localities where there is a sudden demand for vaccination in consequence of small-pox occurring, and of the possibility of communicating syphilis, etc., concluding with the words of honest enthusiasm: “I almost regret that I was ever vaccinated, for I would be willing to run the risk in proving that which I believe true.”

QUININE AS A PROPHYLACTIC.—Dr. S. Littell, of Philadelphia, writes us as follows:

“Some three years ago I wrote a brief paper for the Western Journal of Medicine, strongly expressing my conviction of the non-malarial origin of fever, attributing it instead to exhaustion from the heat of summer, the debility consequent

upon the cessation of that heat, and the conducting power of the damp, cool air of autumn acting upon the system thus debilitated. Theories which lead to no good practical results are of comparatively little value, and would uselessly incumber the pages of the Practitioner. I will therefore enter upon no further argument in support of views long held and firmly believed. If they be true, it might be expected that means, timely and judiciously employed, to invigorate the system, together with the avoidance, as far as possible, of the damp air of early evening and morning, would have a manifest prophylactic influence; and to this *experimentum crucis* the hypothesis should be subjected. The general exhibition of three or four grains of quinia, night and morning, for two or three weeks, toward the close of summer, to the whole population of districts in which the so-called malarial diseases prevail, would soon determine the point. Could you not induce your readers, both in town and country, thus to employ it as a preventive? I am confident that the results would be a great diminution in the number of such cases, and a milder type in those which actually occur." T. P.

DR. HORATIO R. STORER.—The July number of the Journal of the Gynecological Society of Boston contains the following editorial note by Dr. George H. Bixby, which will be read with interest by the many friends of the distinguished gentleman to whom it refers:

"It affords us great pleasure to announce the progressing convalescence of our colleague, Dr. H. R. Storer, after four months of severe illness. His disease, which seems to have been the culmination of many successive poisonings from operating and dissecting wounds, has been inflammation of the head of the left tibia, resulting in deep suppuration. Trephining was resorted to; but the pus, not being reached, subsequently burrowed through into the knee-joint, and finally from thence into the soft parts of the femur, where

it formed large sinuses. He has had to submit to three distinct operations requiring anaesthesia, besides numerous minor ones, not to mention the pain attending the daily dressing, the discomfort arising from this summer's unusually severe heat, the weight of his professional duties continually forcing themselves upon his mind, and the prolonged confinement so tedious and irksome to one of such active habits. It was our privilege to contribute somewhat to his comfort, and our sorrowful duty to witness much of his agonizing suffering. We are able to attest to his patient submission and fortitude under those severe trials. Dr. Storer is still confined to his bed, and it will yet be many months before he will eventually have recovered the use of his limb. Meanwhile he has the sympathy and best wishes of his numerous friends."

WILL SULPHUR PREVENT CONCEPTION?—Dr. H. J. Smith, of Blackshear, Pierce County, Georgia, narrates two cases, occurring under his own observation, where sulphur administered internally seemed to prevent conception. In the first case the medicine was given for hemorrhoids, and the patient, though cured of this disease, persisted in its use. Quite prolific up to the time she commenced the sulphur, she ceased to bear children; and this immunity from pregnancy has continued for six years. The second case is essentially similar, except that the sulphur was taken solely for the purpose of preventing conception.

If the devil—the printer's devil, of course, is meant—were at our elbow, he would doubtless suggest a future administration of sulphur to all who strive to violate the laws of maternity.

T. P.

CHOLERA.—The probability of the spread of cholera over Europe this season is differently estimated by different observers. The inspector-general of the French sanitary service

thinks the situation is much less menacing to-day than it was at the same period last year. We face the disease, he says, in but a single center of fire, "in a region where it has existed permanently for four years, a fire less violent and less expanded;" and it will probably be limited, he thinks, to the place of its origin, and will not propagate itself to the west of Europe. On the other hand, the British Medical Journal says: "Authentic numerical returns of the progress of cholera in Russia show that the most imminent danger may be anticipated. It has been fatal in Kiew, Oumane, Odessa, and Kershon, and has broken out in Moscow." It is noteworthy that cholera morbus has been unusually prevalent in Louisville this summer, and has been attended by more than the ordinary mortality. Some cases have exhibited all the characteristics of epidemic cholera, except its rapidity of march. The warm season is so far advanced that we think we may promise ourselves immunity from the epidemic for at least another year.

MEDICAL EDITORS' PRIZE ESSAY.—The American Medical Editors' Association offered at its meeting in Philadelphia, in May last, the following prizes: A prize of *one hundred dollars* for the best essay on *The Pathology and Treatment of Diseases of the Ovaries*, to be awarded May, 1873; a prize of *one hundred dollars* for the best essay on *At what stages of Pulmonary Tuberculosis is a change of climate desirable; what are the principles which should govern us in choosing the kind of change to be made, and the best localities in North America to send patients of this class?* to be awarded in May, 1874. Competition is open to all medical editors.

PROF. WM. WARREN GREENE, M. D., of Maine, has accepted the chair of surgery in the Long Island College Hospital, Brooklyn, N. Y. The Michigan University Medical Journal speaks thus handsomely of the Maine surgeon: "We con-

gratulate the Brooklyn medical school on its good fortune in securing such an able and popular teacher. Few surgeons combine so many valuable qualities. Clear, methodical, and accurate as a teacher, as a diagnostician careful and almost unerring, and as an operator so skillful that we may say, than he no one can better handle a knife."

CHANGE IN THE COLLEGE OF PHYSICIANS AND SURGEONS OF NEW YORK.—Dr. Edward Curtis has been appointed lecturer on *materia medica* and *therapeutics*, *vice* Dr. Jas. W. Lane, who has been made assistant professor of obstetrics and the diseases of women and children. Dr. Charles F. Chandler has been appointed adjunct professor of chemistry.

DR. ALEX. J. STONE, the founder and very able editor of the Northwestern Medical and Surgical Journal, has sold his interest in that publication to Dr. Henry C. Hand, of St. Paul, Minn., who assumes control of the Journal with its July issue. The physicians of the great Northwest owe it to themselves to sustain, both by their pens and purses, a journal which has hitherto been conducted so exclusively in the interest of scientific medicine, and which, we are assured by Dr. Stone, will gain rather than lose under its new management.

CORRECTION.—At the end of the article on *Leucorrhœa*, by Dr. Clay, which appeared in the August number of this journal, we inadvertently omitted to give the author's place of residence. It is Shreveport, La.